2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005838

FILED May 29, 2005 Secretary of State

Entity Nan	ne: THE B	EAR FOUND	ATION, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
100 LAMPL PONTE VE		ANE CH, FL 32082	2					
Current Mailing Address:				New Maili	New Mailing Address:			
100 LAMPL PONTE VE		ANE CH, FL 32082	2					
	e with s. 607	'.193(2)(b), F.S.,	per Applied For () the corporation did not caistered Agent:	•	e.	Certificate of Status I	, ,	
TABOR-MI 100 LAMPL	OLLA, FRA JIGHTER L	NCESCA						
The above in the State		ity submits thi	s statement for the pu	urpose of changing i	its registered offi	ce or registered aç	gent, or both,	
SIGNATUR		SHEPLER W						
	Elect	ronic Signatui	re of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	100 LAMPL	() Delete DLLA, FRANCESI IGHTER LANE DRA BEACH, FL		Title: Name: Address: City-St-Zip:	() C	Change () Addition		
Title: Name: Address: City-St-Zip:	V HULFELD, 167 BARBE PONTE VEI		32082	Title: Name: Address: City-St-Zip:	() C	Change () Addition		
Title: Name: Address: City-St-Zip:	D SHEPLER, 2313 CLUB PONTE VEI		32082	Title: Name: Address: City-St-Zip:	WASHER, JULIE 2313 CLUB VIEW			
Title: Name: Address: City-St-Zip:		(X) Delete I, CICI RUZ DRIVE DRA BEACH, FL	32082	Title: Name: Address: City-St-Zip:	() C	Change () Addition		
Title:	D	(X) Delete		Title:	() C	change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JULIE SHEPLER WASHER S/T 05/29/2005

SMITH, MICHELLE

2610 DALE VIEW DR

JACKSONVILLE, FL 32225

Name:

Address:

City-St-Zip: